



MATERNAL MENTAL HEALTH NOW
supporting the well-being of growing families

Addressing Perinatal Mental Health

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Learning Objectives

- **Define perinatal mental health.**
- Discuss each stage of the perinatal period.
- **Introduction to the range of perinatal mood and anxiety disorders.**
- How can you help.
- **Resources**

Gender Inclusive Language

- **Pregnant person**
- Birthing person
- **Breast/chestfeeding**
- Parent/Caregiver
- **Partner/Support person /Co-Parent**

When is the Perinatal Period?



Preconception

Before pregnancy - includes decision making, possible fertility journey and includes pregnancy loss



Pregnancy

After conception, before birth



Postpartum

After birth, up to 2 years

A vertical yellow bar with a subtle gradient and geometric patterns is located on the left side of the slide.

Social views of parenthood: Implicit bias and beliefs

**“GOOD
MOM”**

**“BAD
MOM”**

MYTHS of Parenthood

- Pregnancy & parenting are easy, intuitive, instinctive
- Pregnant people “glow”
- Good caregivers don’t get depressed
- Unrealistic expectations that become internalized before the reproductive journey even begins

Fears of Parenthood

- Fear of judgment / “crazy”
- Fear of CPS / children being taken away
- Fear of deportation or justice system involvement
- Fear of never being the same again
- Fear of loss

Conceiving: Many Waves to Ride

Perinatal Loss: Terms

- **INFERTILITY:** The process of becoming pregnant and of creating a family is not always easy. Each step of
- **MISCARRIAGE:** It is relatively common, occurring in about 10-20% of known pregnancies. Most miscarriages occur in the first trimester. There is a higher risk for women under 20 and older than 35. The miscarriage rate is 43% higher amongst black women than it is whites.
- **STILLBIRTH:** An infant that is born deceased after 20 weeks gestation. Each year, approximately 21,000 babies are stillborn in the US (1/175). In 2021 the rate of stillbirths was more in amongst black was twice that of whites.
- **INFANT DEATH:** An infant dies within the first year of life. In 2021 Infant mortality was 5.4 deaths in 1000 births: 5/1000. Black infants mortality rate is 10.6 per 1000 births.

I Wish I Had Known...



"I thought having a new baby would make the sad feelings from my earlier miscarriage go away. I was wrong."

Mother of a "rainbow baby"

Supportive Comments



“I am here for you if you need.”



“This must be so difficult for you and your family.”



“Can I bring you a meal?”



“Did your baby have a name?”



“Loss can be so painful. It’s okay to feel however you feel.”

Unsupportive Comments



“Everything happens for a reason.”



“At least you know you can get pregnant.”



“Your baby is in Heaven now.”



“You are better off, the baby wouldn’t have been healthy.”



“You should try right away for another. It will help you move on.”



Kiley Hanish - RTZ Hope

Pregnancy: A Transformative Journey

Different Phases and States of Transformation

● Pregnancy is both a state of being and of becoming.

● The etymological root of the word pregnancy– according to Webster– is *pregnans*.

- *pre: before*
- *and gnans: being born*

● At each phase of this becoming there is much opportunity for both upheaval and transformation:

- First personal inkling/recognition of pregnancy
- Public announcement of pregnancy
- Medical aspects of pregnancy
- Social/Cultural environment.

Different Phases and States of Transformation



When does one become a mother? Over and over again.



A three part process:

- Conceiving and pregnancy: preparing to become a mother.
- Months following the birth: the motherhood mindset takes form
- Adapting to motherhood: integration of a new identity.
- Social/Cultural environment support can facilitate this process
- But is sorely missing in most Western societies.

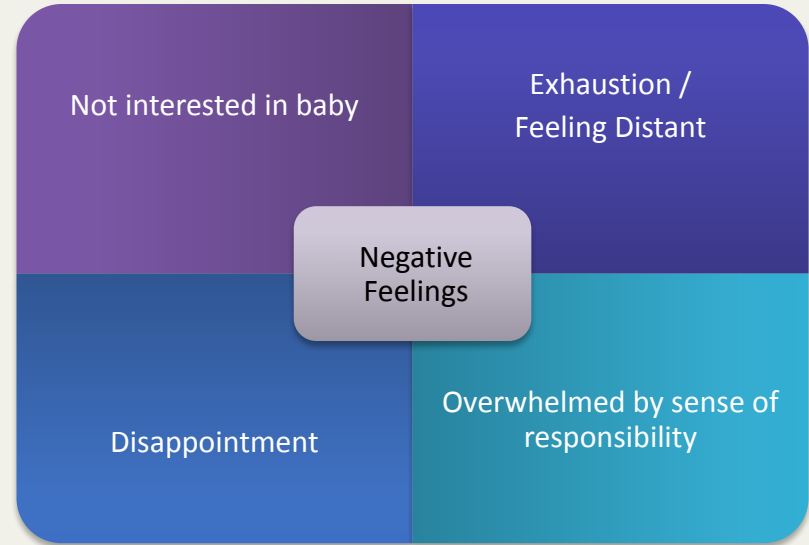
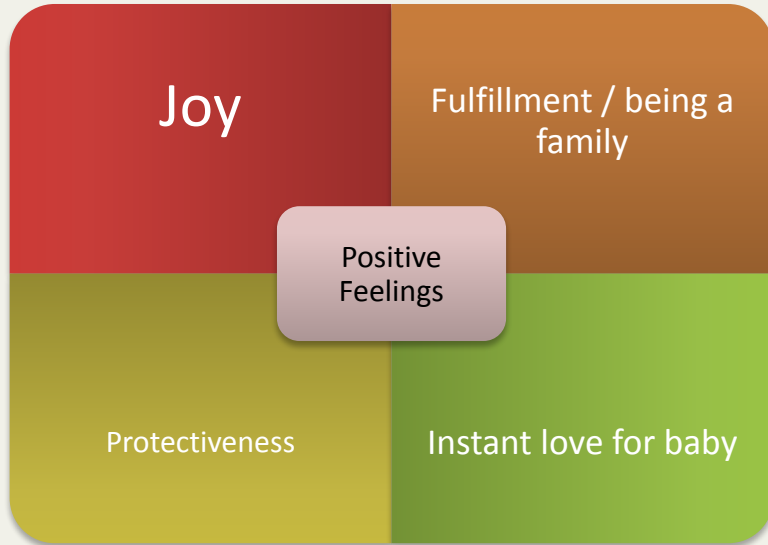
Perinatal Mental Health Conditions

- **Depression and “Baby-Blues”**
- **Anxiety Disorders**
 - Obsessive-Compulsive Disorder (OCD)
 - Panic Disorder
 - Post Traumatic Stress Disorder (PTSD)
- **Bipolar Disorder**
- **Psychosis: Prevalence Rates 1 or 2/1000**
 - Rates of infanticide: 4%
 - Rates of suicide: 5%
 - History of bipolar dx.

Normal Postpartum Adjustment Symptoms:

- Giving birth is a major life stressor
- In many cultures it is recognized as a crisis.
 - New identity and role confusion
 - Body image change and physical pain
 - Sleep deprivation
 - Loss of confidence
 - Social withdrawal.
 - Intimacy Issues

Emotional Reactions and Imagined Expectations Following What is to be Expected?



Normal Adjustment vs. Depression and Anxiety Symptoms:

- Intensity: how bad are the symptoms and how much do they disturb the mother's functioning.
- Duration: More than 2-3 weeks requires mental health or medical attention.
- Though PMAD can happen during pregnancy:
 - Onset: 1-3 months postpartum
 - But it can happen anytime during the first year
 - It can endure a long time

Baby Blues

- Very Common: Almost everyone will experience some form of it
- It's mediated by the massive and rapid hormonal fluctuation.
- It is universal and remits within 2-3 weeks.
- Symptoms include:
 - Mood swings with intermittent tearfulness
 - Anxiety and a sense of overwhelm
 - Insomnia and exhaustion

Postpartum Depression

- Feeling continually and deeply **sad** and **hopeless**
- Continued trouble sleeping over weeks and **exhaustion**
- Feeling irritable, agitated and angry.
- Feeling of not enjoying baby—at any time.
- Red flags:
 - Thoughts of suicide
 - Self hate and acute guilt
 - Fear of harming the baby

Postpartum Anxiety

- Often accompanied by **physical symptoms**
- Feeling dizzy, with numbness and tingling in fingers and toes
- Heart racing and shallow breathing.
- Sensation of fear and impending doom
- GI issues
 - Nausea
 - Diarrhea
 - Inability to eat

Obsessive Compulsive Disorder

● Obsessive-Compulsive Disorder (OCD):

- Intrusive thoughts of a frightening nature: what if I drop my baby?
- They are able to recognize that the thoughts are irrational.
- They are ego dystonic.

● What you can say to reassure:

- "I'm glad you told me. Intrusive thoughts are common in postpartum"
- "Having those thoughts is really different from wanting to act on them. How much are they distressing you or changing what you do with the baby?"
- "Are you avoiding being alone with the baby or doing certain tasks (like baths, diaper changes, carrying them down stairs) because of fears you might hurt them?"

Postpartum Psychosis

- Hearing voices that are not present
- Hearing voices that demand acting a certain way
- Seeing images or things that aren't there.
- Feeling people are out to get you.
- Manic symptoms
 - No need for sleep
 - Feelings of extreme energy
 - Being unusually happy

Obsessive Thoughts v.s Psychotic Delusions



Assessing for OCD:

- “When those thoughts show up, do they feel like your own mind playing tricks on you?”
- “Do you ever feel these thoughts might actually be true and represent who you are?”
- “When the thought of hurting your baby comes up, do you think, ‘This is a horrible, crazy thought,’ or do you think ‘maybe this is a message telling me what I should do?’”



Postpartum Psychosis:

- Rare: 1-4/1000 (Universal)
- Risk of infanticide: 4%
- Highest risk of onset: 1 month Postpartum
- People with a history of bipolar disorder are at highest risk
- Symptoms: Incoherence; hallucinations which they believe to be true.

The Typical Language of Postpartum Depression

- **No one has ever felt as bad as I do** - *helpless*
- **I have made a terrible mistake** - *anxiety*
- **I am all alone and no one understands** - *isolation and withdrawal*
- **I am a failure as a mother, woman and spouse** - *guilt, poor self-esteem*
- **I will never be myself again** - *hopelessness*
- **I'm losing it** - *despair*
- **I am on an emotional roller coaster** - *mood changes*
- **I want to cry all the time** - *tearfulness*
- **Everything is an effort** - *no energy*
- **I feel like I'm in a fog** - *disorientation, confusion*
- **Sometimes I think everyone would be better off without me** - *suicidal thinking*

High Risk Groups



Adolescents



Disabled



**Black, Indigenous,
and people of
color (BIPOC)**






**Queer and
trans**



**Immigrant
families**

The intersections of identities. Research shows that younger folks and recent immigrants are at higher risks. Those who are separated from family or live in poverty. The trans/queer community is particularly vulnerable due to lack of social/cultural recognition..

Common Co-Occurrences With **Perinatal Depression**

-  Intimate partner violence (IPV) & domestic violence
-  Substance use and misuse
-  Disordered eating

Sources: National Harm Reduction Coalition, 2022

Perinatal Mental Health Disparities



4x more Black and indigenous birthing people are injured or die from pregnancy or childbirth related complications—which includes death by suicide.



Only **15-50%** of birthing people with perinatal depression receive care - many go unidentified



10% of fathers and partners develop postpartum depression - those rates go up to 25-60% if the mother/birthing person experiences mental health struggles



Rates of perinatal depression are **2x higher in birthing people w/ disabilities** - little to no research on their needs



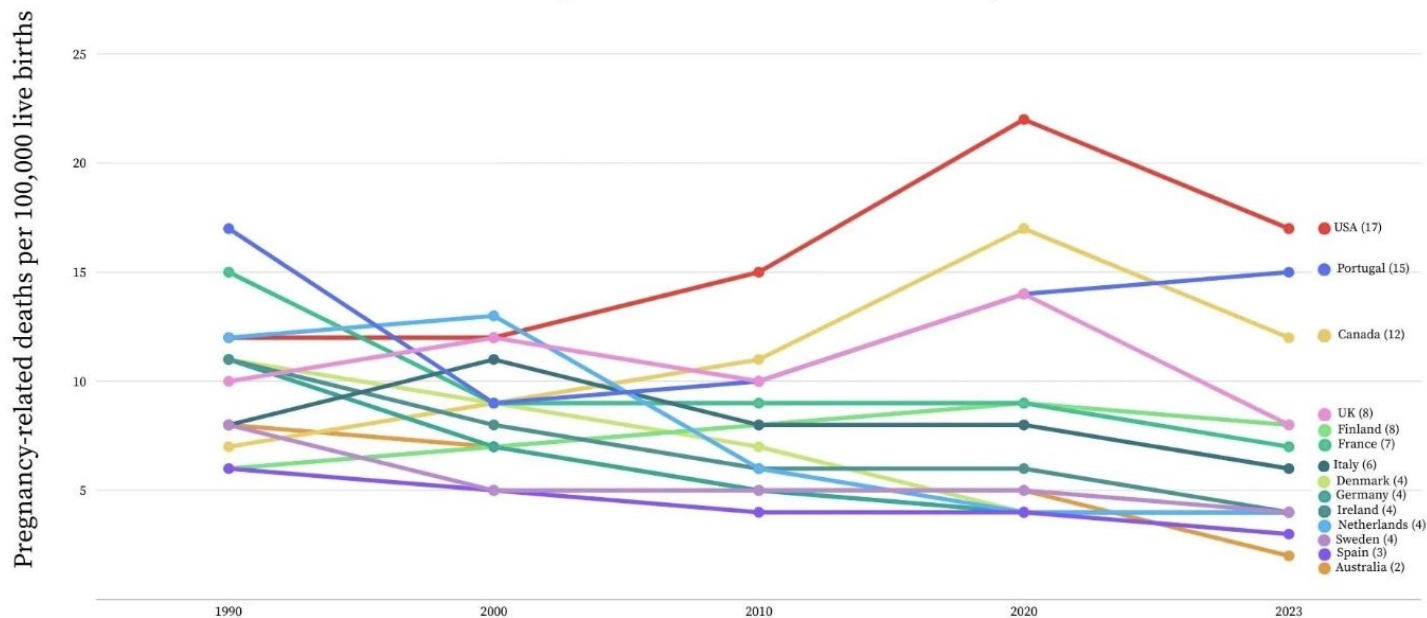
10-30% of adoptive parents experience **post-adoptive depression**



Queer and trans birthing people are constantly misgendered, harmed and dismissed and experience gender dysphoria, significantly increasing rates of suicidality

Includes death by suicide, overdose, in addition to complications during pregnancy and childbirth

Maternal Mortality Rate in the United States, 1990-2023



Sources: World Health Organization. (2015). Trends in maternal mortality: 1990 to 2015: estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division. <https://www.unfpa.org/publications/trends-maternal-mortality-1990-2015>

World Health Organization. (2025). Trends in maternal mortality estimates 2000 to 2023: estimates by WHO, UNICEF, UNFPA, World Bank Group and UNDESA / Population Division. <https://www.unfpa.org/publications/trends-maternal-mortality-2000-2023>

**Speak
Up
When
You're
Down**



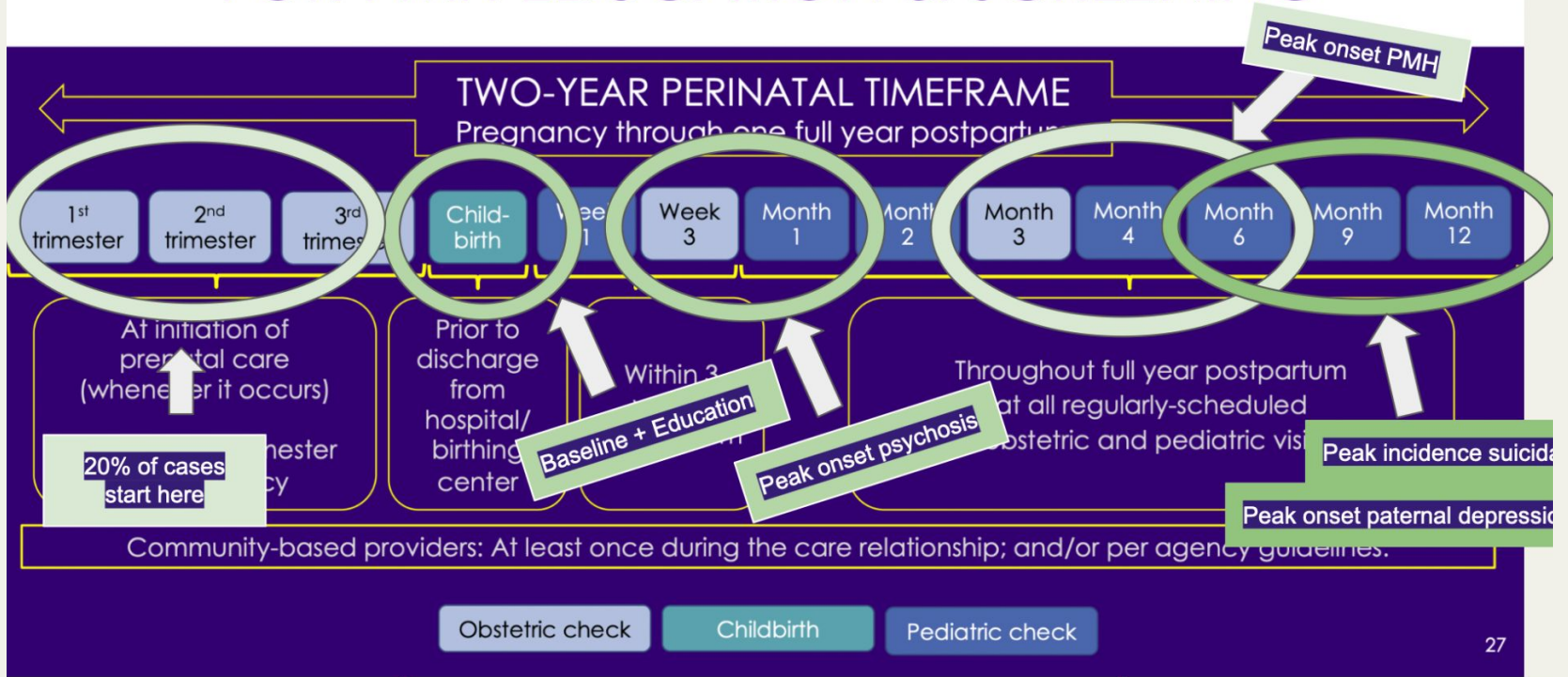
Psychosocial Assessment: Key Points

- **Gathering History:** Using non-clinical language explore their mental and physical history - explore pregnancies and losses, attachment history.
- **Support System + Collateral**
- **Risk Factors:** Including experiences with systems.
- **History of Mental Health:** Include substance use, symptoms of mania.
- **Trauma:** Assess for past sexual, developmental, attachment traumas Explore pregnancy, childbirth, postpartum experience(s).

Psychosocial Assessment: Key Points (Cont.)

- **Symptoms:** INCORPORATE SCREENING TOOLS
- **Strengths + Resilience + Protective Factors**
- **Coping Skills + Resources**
- **Spiritual Views + Meaning-making**
- **Consultation + REFERRAL**

FRAMEWORK FOR PMH EDUCATION & SCREENING



<https://www.mmhla.org/screening-project/>

CHECKING THEIR EMOTIONAL TEMPERATURE.

It is **NOT** a diagnostic tool.
It **IS** a conversation starter.
Screening is an intervention.

Sensitivity Screening

- **Fear of judgment.**
 - Listen to them.
- **Unclear reasons for screening.**
 - Explain your process.
- **Unaddressed stigma.**
 - Normalize their experience.
- **Concerns around privacy and confidentiality.**
 - Explain limits and intentions.
 - Who will you tell? What will you tell them? Under what circumstances?
- **Organizational mistrust.**
 - Be consistent.

Culturally Concordant Screening Considerations

Screening tools:

1. Do not diagnose
2. May not accurately capture the full picture
3. Should accompany a conversation
4. Normalize talking about mental health

- Can be used with fathers and non-birthing partners/support people too!
- Language can be outdated and not culturally congruent.
 - Adjust language to introduce and administer screening tools.
 - Offer screening tool in their native language.
 - Listen for other expressions of emotional distress (i.e., somatic complaints).
- Higher prevalence of PMH conditions in Black birthing communities yet lower rates of perinatal mental health screening and intervention.
- False positives and false negatives are possible!

Sources Chaudron, 2010; National Perinatal Association, 2018; Sidebottom et al., 2021

Screening Tools:

GAD-7

PHQ-9

US-EDPS

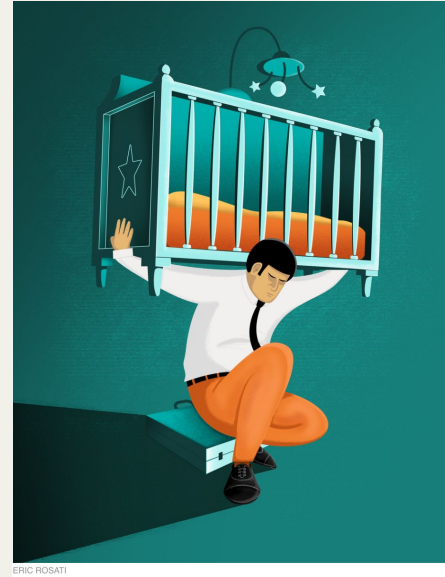
[EPDS-US \(English\)](#)

Language Post- Screening

- ***“Thank you for sharing this information with me.”***
- ***“I will share this information with _____ to ensure you get the support you need.”***
- ***“What was it like for you to complete this?”***
- ***“Do you feel this accurately represents how you’re feeling?”***
 - ***“How so?” or “How not?”***
- ***“Is how you’ve been feeling your baseline/norm?”***
- ***“How long have you been feeling this way?”***
- ***“What are you feeling right now as we speak?”***
- ***“Do you think you and your baby are safe right now?”***
 - ***“Is there someone who can help you with _____?”***
 - ***“Is there a friend, neighbor, or loved one who can step in and give you a break?”***
- ***“Who do you turn to when you’re feeling overwhelmed?”***
- ***“Would you like some information about groups where you can talk to other parents in the same age range as your child?”***

Paternal Perinatal Depression

- Disordered sleep and hormone shifts
- **Depressed partner**
- Has struggled with their own depression
- **Conflict in relationship**
- Isolated
- **Changes in family role and structure**
- Difficulty connecting with the baby
- **Economic problems or limited resources**



Resources:



Three U's of Dad's and Postnatal Paternal Depression

Underscreened

- o Onset around 3-6 months postpartum

Under-diagnosed

- o 10.4 – 14% in United States
- o Pre/postnatal care geared towards Mother/Child dyad
- o Low self-report due to stigma attached to mental health/mood disorders

Untreated

- o Lack of education and focus on research surrounding PMAD symptomology in men.

HOW YOU CAN HELP?

***“Pregnancy is fraught with a sense of loss.
Grief is par for the course.
Society denies us that.
What can’t be spoken is lived in isolation and leads
to symptoms:
the seed for generational trauma.”***

- Zari Hedayat, Ph.D

GET TO KNOW THEM & BUILD RAPPORT

Strengths + Resilience + Protective Factors

Coping Skills + Resources

Spiritual Views + Meaning-making

Consultation + REFERRAL

GET TO KNOW THEM & BUILD RAPPORT

Identify triggers

Provide grounding exercises

Practice them together

Square Breathing: <https://blog.zencare.co/square-breathing/>

54321 Grounding technique

<https://insighttimer.com/blog/54321-grounding-technique/>

Main Goals: **Creating a Safe Space**

Listen and be curious.

Create a safe, nonjudgmental space for them to talk.

Offer simple emotional support through listening.

Be curious about how they are doing: Ask questions.

Frame your questions as routine: we ask all moms these questions because depression and anxiety is very common after birth. It helps us know how to best support you

- *Over the past few weeks how often have you felt sad, irritable or hopeless?*
- *Over the past two weeks, how often have you felt on the verge of panic?*
- *Are you able to sleep when your baby is sleeping?*
- *Do you find yourself worrying about the baby's safety a lot?*

Notice possible signs of Postpartum depression, anxiety or OCD.

Give Language to the Experience:

I hear that you're very tired, crying often and feeling guilty a lot. That sounds really hard.

I hear you are easily frustrated and irritable. It's overwhelming to have a baby.

If you can help them feel understood, they will be more open to suggestions:

- Is there any time in the day when someone you trust can hold the baby for even 20-30 minutes so you can shower, eat or nap?
- Who in your life is most helpful and calming?
- How can we ask them for a little more support right now?
- What has helped you cope with stress in the past, before the baby?
- Any part of that we can bring back even in small ways?

Reinforce the notion that 'self care' is really 'baby care.'

VALIDATE & REDUCE SHAME

- You may feel completely alone and isolated.
- **Many new moms struggle with these feelings.**
- Of course you are exhausted and overwhelmed: You just had a baby.
- **You're doing an amazing job on little rest.**
- Feeling this way doesn't mean you're a bad mom.

Avoid:

- **At least your baby is healthy**
- **Just be positive**
- **Enjoy every moment**

Supportive Language

"You are not alone, I'm here for you."

"I know you are trying as hard as you can."

"This must be very difficult for you."

"Other people have gone through this and have gotten better with help."

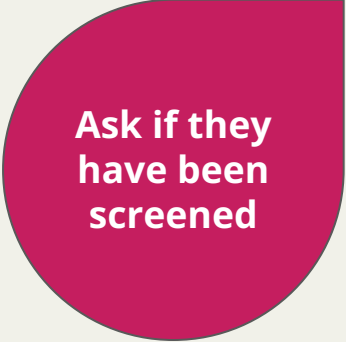
"Taking care of you IS taking care of your baby."

"You are a good parent; good parents can & do ask for help."

"There is support out there, I will help you find it."

CONNECTING TO PROFESSIONAL HELP

- **Notice**
- Normalize
- **Encourage Help**
- Connect with resources
- **Assist with logistics**



Ask if they
have been
screened

The Universal Message

You are not alone.

You are not to blame.

With the right help, you will get better.

- *Postpartum Support International*

When Having a Child Doesn't Make You Happy

NYT - Conception



COMMUNITY RESOURCES



For parents in Los Angeles County.

**Sharing community wisdom for
your journey through parenthood.**

1-888-823-SANA

1-888-823-7262 | sana@maternalmentalhealthnow.org

PERINATAL PSYCHIATRIC CONSULT LINE



PSI Perinatal Psychiatric Consult Line
1-877-499-4773

[postpartum.net](https://www.postpartum.net)

National Maternal Mental Health Hotline



Are you a new parent - or about to be - and feeling sad, worried, overwhelmed, or concerned that you aren't good enough?

**For emotional support and resources
CALL OR TEXT 1-833-TLC-MAMA (1-833-852-6262)**

Free – Confidential – 24/7

60+ Languages





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Get Help

PSI Helpline:

1-800-944-4773

#1 En Español or #2 English

OR TEXT:

English: 503-894-9453

Español: 971-420-0294

[FIND LOCAL RESOURCES](#)

*The PSI Helpline does not handle emergencies. People in crisis should call their local emergency number or the National Suicide Prevention Hotline at 1-800-273-TALK (8255).

postpartum.net

THANK YOU!



www.maternalmentalhealthnow.org



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